Universal 911 Dialing-First Transition Report Please read instructions before completing Section 1 **Carrier Identification Information** Parent Company Name AT&T Wireless Services, Inc. Service Provider Name TeleCorp Communications, Inc. Company Address, City, State, Zip TeleCorp Communications, Inc 1010 N Glebe Rd Suite 800 Arlington VA 22201 X Wireless Wireline Service Provider Type Name(s) of Wireless License Holder(s) TeleCorp PCS, L.L.C.; TeleCorp Holding Corp. II, L.L.C.; Wisconsin Acquisition Corp.; and TeleCorp of Puerto Rico, Inc. Contact Name Sean Foley Contact Tel # 703-236-1127 Fax # 703-558-0057 E-mail Address sfoley@suncompcs.net Section 2 Local Area 911 implementation List all individual local areas covered by this report (e.g., Lee County, Virginia): Johnson County Arkansas Jefferson County Illinois Wayne County Illinois Lake County Tennessee (a) For each area listed above, identify the emergency response point to which 911 calls will be routed. Johnson County Arkansas - Arkansas State Police Clarksville, Arkansas Jefferson County Illinois - Jefferson County Illinois E911 PSAP Wayne County Illinois - Illinois State Police Post 19 Carmi, Illinois

Lake County Tennessee - Lake County Tennessee Sheriff's Office

details of the carrier's progress in completing translating	1 11
(b) For each area listed above, provide details of the carrier's progress in completing translat to the identified emergency response point.	
TeleCorp Communications has completed all translation and other work necessary to route point.	911 calls to the identified emergency response
to the Alas Aparellian to the O11	abbreviated dialing code will be completed.
(c) For each area listed above, provide the date or projected date that transition to the 911	approvided distinct
The 911 abbreviated dialing code is available to all subscribers and roamers accessing Tele	Corp Communications Inc's network.
Section 3	
911 Implementation Problems (a) Describe any problems the reporting carrier has encountered in identifying 911 number	er call routing points. Describe any other operation
problems carrier has experienced during the initial transition stages.	
TeleCorp Communications Inc. has not encountered any problems in identifying 911 number	er call routing points.
(b) Where the reporting carrier has experienced 911 implementation problems, describe an	ny efforts the carrier has made to coordinate with
public safety agencies and state and local authorities.	
pasio strain agreement and agreement	
Not applicable.	
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Certification - To be signed by an authorized representative of the reporting entity. Identify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company. I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of March 5, 2002. Signature: Signed – Sean M. Foley Printed name of authorized representative: Sean M. Foley Title: Legal Counsel – Regulatory Affairs Date: 3/6/02 This filling is: X original filling	
best of my knowledge, information and belief, all statements of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of March 5, 2002. Signature: Signed – Sean M. Foley Printed name of authorized representative: Sean M. Foley Title: Legal Counsel – Regulatory Affairs Date: 3/6/02 This filling is: X original filling revised filling	Section 4 Certification - To be signed by an authorized representative of the reporting entity
Printed name of authorized representative: Sean M. Foley Title: Legal Counsel – Regulatory Affairs Date: 3/6/02 This filing is: X original filing revised filing DEBSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER	I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company. I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of March 5, 2002.
Title: Legal Counsel – Regulatory Affairs Date: 3/6/02 This filling is: X original filling revised filling BERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER	Signature: Signed – Sean M. Foley
Date: 3/6/02 This filing is: X original filing □ revised filing □ Prevised filing □ Prevised filing □ Prevised filing □ Prevised filing	Printed name of authorized representative: Sean M. Foley
This filing is: X original filing revised filing	Title: Legal Counsel – Regulatory Affairs
DEPSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER	Date: 3/6/02
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